

Professional Licensing Agency  
402 West Washington Street  
Room W072  
Indianapolis, Indiana 46204



Michael R. Pence  
Governor of Indiana  
Nicholas W. Rhoad  
PLA Executive Director

## **RESPIRATORY CARE COMMITTEE STUDENT PERMIT TO PRACTICE RESPIRATORY CARE INFORMATION AND INSTRUCTIONS**

Before completing and submitting your application to our office, please read all materials and information included.

Student Permits are issued to individuals who are currently enrolled in a respiratory care program and are a student in good standing. Student permit holders may only perform respiratory care procedures that have been part of a course the individual has successfully completed in the respiratory care program and for which the successful completion has been documented. The procedures permitted may be performed only on adult patients who are not critical care patients and under the proximate supervision of a practitioner.

### **APPLICATION AND INFORMATION TO DOWNLOAD**

Applicants must download the following documents and information from the website at [www.pla.in.gov](http://www.pla.in.gov).

1. Application For Student Permit
2. Information and Instruction Sheet
3. Statutes and Administrative Rules which pertain to the practice of respiratory care

### **IPLA ADDRESS/PHONE NUMBER/WEB SITE/EMAIL/FAX NUMBER**

Indiana Professional Licensing Agency  
ATTN: Respiratory Care Committee  
402 West Washington Street, Room W072  
Indianapolis, Indiana 46204  
Staff Phone: (317) 234-2054  
FAX: (317) 233-4236  
Staff Email: [pla8@pla.in.gov](mailto:pla8@pla.in.gov)  
Website: [www.pla.in.gov](http://www.pla.in.gov)

### **APPLICATION: PART II. HOSPITAL OR FACILITY OF EMPLOYMENT AND PART III. RESPIRATORY SCHOOL OR PROGRAM MUST COME DIRECTLY FROM EACH ENTITY**

The Committee will not be able to accept Part II and Part III of the Application from the student. Part II must be sent directly from the hospital or facility of employment and Part III must be sent directly from the school or program. Part II and Part III of the applications that are received from the student will not be accepted. If they are received from the student they will be notified by email that this is not acceptable and will have to be sent from the proper entity.

### **THE FAIR INFORMATION PRACTICE ACT**

In compliance with Ind. Code 4-1-6, this agency is notifying you that you must provide the requested information, or your application will not be processed. You have the right to challenge, correct, or explain information maintained by this agency. The information you provide will become public record. Your examination scores and grade transcripts are confidential except in circumstances where their release is required by law, in which case you will be notified.

### **MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER**

Your social security number is being requested by this state agency in accordance with Ind. Code 4-1-8-1 and 25-1-5-11(a). Disclosure is mandatory, and this record cannot be processed without it.

Failure to disclose your U.S. social security number will result in the denial of your application. Application fees are not refundable.

### **ABANDON APPLICATIONS**

If an applicant does not submit all requirements within one (1) year after the date on which the application is filed, the application for licensure is abandoned without any action of the Board. An application submitted subsequent to an abandoned application shall be treated as a new application.

### **ISSUANCE OF YOUR STUDENT PERMIT**

Upon issuance of your student permit by the Committee, you will be sent an email notifying you that your permit has been issued. There will be instructions on how to purchase a blue license card to be mailed to you or how to download a free license card for immediate printing.

This service will be available at [www.in.gov/pla/license.htm](http://www.in.gov/pla/license.htm).

Under a separate email, the student, hospital or facility and the school or program will receive a letter, which lists the procedures that the Committee has approved for the student to perform.

### **EXPIRATION OF YOUR STUDENT PERMIT**

A student permit expires on the earliest of the following:

- (1) The date the permit holder is issued a license under this article.
- (2) The date the committee disapproves the permit holder's application for a license under this article
- (3) The date the permit holder ceases to be a student in good standing in a respiratory care program approved by the committee. The graduation of a student permit holder from a respiratory care program approved by the committee does not cause the student permit to expire under this subdivision.
- (4) Sixty (60) days after the date that the permit holder graduates from a respiratory care program approved by the committee.
- (5) The date that the permit holder is notified that the permit holder has failed the licensure examination.
- (6) Two (2) years after the date of issuance.

### **UPON GRADUATION FROM THE RESPIRATORY CARE PROGRAM – APPLY FOR LICENSURE**

Your student permit will expire sixty (60) days after graduation from your respiratory care program. To obtain an application for respiratory care licensure, please go to the Committee's website at [www.in.gov/pla/2626.htm](http://www.in.gov/pla/2626.htm) to download the application and instructions for licensure.

### **MAY ONLY PERFORM PROCEDURES THAT HAVE BEEN SUCCESSFULLY COMPLETED**

An individual who holds a student permit may only perform respiratory care procedures that have been part of a course:

- (1) the individual has successfully completed in the respiratory care program designated; and
- (2) for which the successful completion has been documented and that is available upon request to the committee.

The procedures permitted may be performed only:

- (1) on adult patients who are not critical care patients; and
- (2) under the proximate supervision of a practitioner.

### **DEFINITION OF PROXIMATE SUPERVISION**

"Proximate supervision" means a situation in which an individual is:

- (1) responsible for directing the actions of another individual; and
- (2) in the facility and is physically close enough to be readily available if needed by the supervised individual.

### **SUPERVISION OF A STUDENT PERMIT HOLDER**

A holder of a student permit shall meet in person at least one (1) time each working day with the permit holder's supervising practitioner or a designated respiratory care practitioner to review the permit holder's clinical activities. The supervising practitioner or a designated respiratory care practitioner shall review and countersign the entries that the

permit holder makes in a patient's medical record not more than seven (7) calendar days after the permit holder makes the entries.

#### **NUMBER OF STUDENT PERMIT HOLDERS UNDER SUPERVISING PRACTITIONER**

A supervising practitioner may not supervise at one (1) time more than three (3) holders of student permits issued under this section.

#### **RESPIRATORY CARE PROCEDURES AND ADDING PROCEDURES AFTER ISSUANCE OF THE STUDENT PERMIT**

The respiratory care procedures that are listed on page 5 of your application are the only procedures that have been approved by the Committee in which a student permit holder may perform. You may not modify the list.

If additional procedures have been completed after the issuance of your original student permit, please download the student permit application from our website at [www.pla.in.gov](http://www.pla.in.gov) and have the school or program complete Part III of the application. Also enclose a statement along with the student permit number that the following procedures are being added. **This must come directly from the school or program and not the applicant.**

#### **UPON GRADUATION FROM THE RESPIRATORY CARE PROGRAM**

Your student permit will expire sixty (60) days after graduation from your respiratory care program. To obtain an application for licensure please go to the Committee's website at [www.pla.in.gov](http://www.pla.in.gov) to download the application and instructions for licensure.

#### **CHANGE OF ADDRESS/EMAIL**

If you have a change of address or email, please notify the Committee by calling (317) 234-2054 or by email at [pla8@pla.in.gov](mailto:pla8@pla.in.gov) or by fax at (317) 233-4236. You may also make your request in writing to:

Indiana Professional Licensing Agency  
ATTN: Respiratory Care Committee  
402 West Washington Street, Room W072  
Indianapolis, Indiana 46204

Please be sure to include your student temporary permit number and/or your social security number with your request.

# STUDENT PERMIT TO PRACTICE RESPIRATORY CARE INSTRUCTIONS

## APPLICATION

Applicants must submit Part I, Part II and Part III of the application and all documentation required to the Committee at the following address:

Indiana Professional Licensing Agency  
ATTN: Respiratory Care Committee  
402 West Washington Street, Room W072  
Indianapolis, Indiana 46204

## PART I. APPLICANT INFORMATION

This section of the application shall be completed by the student applicant. Please make sure that all sections are completed and that you have answered all questions and signed both signature lines as listed in the Affirmations.

## PART II. HOSPITAL OR FACILITY OF EMPLOYMENT

This section of the application shall be completed by the licensed respiratory care practitioner designee at the hospital or facility where the student will be employed. Please make sure that the designee has completed all sections and read all information as to the supervisor's responsibilities to the student permit holder. After the designee has completed the application and read all of the information, the designee must sign and date the Affirmation at the end of the form. **Part II of the Application must be sent to the Committee directly from the Hospital or Facility of Employment.**

## PART III. RESPIRATORY SCHOOL OR PROGRAM

This section of the application shall be completed by the respiratory school or program to document which respiratory care procedures have been completed. Please have the Program Director and Director of Clinical Education complete this part of the application. The student will only be allowed to perform such procedures as checked-off on this form. The Program Director and Director of Clinical Education must sign and date the Affirmation at the end of the form. **Part III of the Application must be sent to the Committee directly from the Respiratory School or Program.**

## AFFIDAVIT

If you answer "yes" to any of the seven (7) questions on the application, the applicant must explain fully in a signed and notarized affidavit, meaning an explanation or statement of facts and or events, including all related details. Describe the event including location, date and disposition. If you have a malpractice action, provide name(s) of plaintiff(s). Letters from attorneys or insurance companies are not accepted in lieu of your statement; however they may accompany your affidavit.

If the applicant has been ***arrested; entered into a prosecutorial diversion or deferment agreement; convicted; pled guilty to or pled nolo contendere to any offense, misdemeanor, or felony in any state***, except for minor violation of traffic law resulting in fines, and arrests or convictions that have been expunged by a court, the applicant shall submit a notarized statement detailing all criminal offenses, excluding minor traffic violations. The notarized statement must include the following information:

- (1) The date(s), location(s), court, and cause number.
- (2) The offense, misdemeanor or felony of which the applicant was arrested for, entered into a prosecutorial diversion or deferment agreement; convicted, pled guilty to or pled nolo contendere to.
- (3) The penalty imposed.

**Also, included with your notarized statement, you will need to provide copies of any and all court documentation regarding each offense listed.**

**APPLICATION FEE**

Applicants must submit a twenty-five dollar (\$25) application fee, made payable to the Indiana Professional Licensing Agency. This fee may be submitted by cash, check or money order. We cannot accept payment by credit card. **All fees are non-refundable and non-transferable.**

**PHOTOGRAPH**

Applicants must submit one (1) acceptable photograph, taken not earlier than eight (8) weeks prior to the date of application. The photograph should be approximately 2 x 3 inches, head and shoulders view of the applicant only, black and white or color, of professional quality. No "Polaroid" type photographs, laminated photographs, laminated identification cards or group photographs will be accepted.

**NAME CHANGE**

An official affidavit indicating any legal name change, a notarized copy of a marriage certificate, or divorce decree is acceptable in your name differs from that on any of your documents.